



Comptroller of Public Accounts FORM 05-163 (Rev.9-11/5)

Texas Franchise Tax No Tax Due Information Report

■ Tcode 13255 Annual

■ Taxpayer number	■ Report year	Due date	Privilege period covered by this report
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Taxpayer name					Secretary of State file number or Comptroller file number	
Mailing address						
City	State	Country	ZIP Code	Plus 4	Blacken circle if the address has changed ■ <input type="checkbox"/>	
Blacken circle if this is a combined report ■ <input type="checkbox"/>			SIC code		NAICS code	
			<input type="text"/>		<input type="text"/>	
Blacken circle if Total Revenue is adjusted for Tiered Partnership Election, see instructions.* ■ <input type="checkbox"/>						
Blacken circle if this is a Corporation or Limited Liability Company <input type="checkbox"/>			Blacken circle if this is an Entity other than a Corporation or Limited Liability Company <input type="checkbox"/>			

*Note: Upper tiered partnerships do not qualify to use this form.

If any of the statements below are true, you qualify to file this No Tax Due Information Report:

(Blacken all circles that apply)

1. **This entity is a passive entity as defined in Chapter 171 of the Texas Tax Code.** (see instructions) 1. ■
 (Passive income does NOT include rent)

2. **This entity's annualized total revenue is below the no tax due threshold.** (see instructions) 2. ■

3. **This entity has zero Texas Gross Receipts.** 3. ■

4. **This entity is a Real Estate Investment Trust (REIT) that meets the qualifications specified in section 171.0002(c)(4).** 4. ■


5a. Accounting year begin date

<i>m</i>	<i>m</i>	<i>d</i>	<i>d</i>	<i>y</i>	<i>y</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5b. Accounting year end date

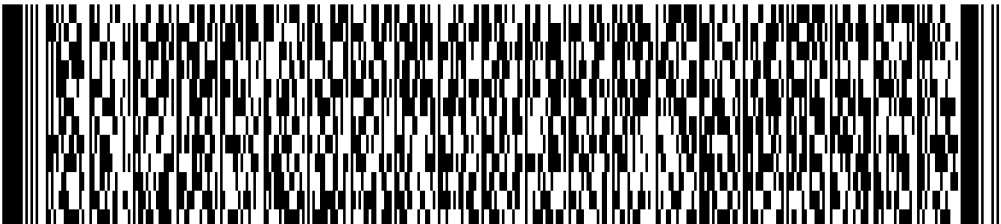
<i>m</i>	<i>m</i>	<i>d</i>	<i>d</i>	<i>y</i>	<i>y</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. **TOTAL REVENUE** (Whole dollars only) 6. ■

Print or type name		Area code and phone number () -	
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.		Mail original to: Texas Comptroller of Public Accounts P.O. Box 149348 Austin, TX 78714-9348	
	Date		

If you have any questions regarding franchise tax, you may contact the Texas Comptroller's field office in your area or call (800) 252-1381 or (512) 463-4600. Instructions for each report year are online at www.window.state.tx.us/taxinfo/taxforms/05-forms.html.

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VE/DE	<input type="checkbox"/>
PM Date	<input type="text"/>

